# Acronyms

BHS British Hypertension Society

BMI Body Mass Index BP blood pressure

CASH Consensus Action on Salt and Health

CHD coronary heart disease CMO Chief Medical Officer **CVD** cardiovascular disease DBP diastolic blood pressure EPP **Expert Patients Programme** FPH Faculty of Public Health FSA Food Standards Agency **GMS** General Medical Services **HDA** Health Development Agency HDL high-density lipoprotein ISH isolated systolic hypertension low-density lipoprotein LDL LDP Local Delivery Plan NHF National Heart Forum

NICE National Institute for Health and Clinical Excellence

NSF National Service Framework PCO primary care organisation

PCT primary care trust

QMAS Quality Management and Analysis System

QOF Quality and Outcomes Framework

QPID Quality Prevalence and Indicator Database

RCT randomised controlled trial

SACN Scientific Advisory Committee on Nutrition

SBP systolic blood pressure

SIGN Scottish Intercollegiate Guidelines Network

TIA transient ischaemic attack
UKPDS UK Prospective Diabetes Study
WHO World Health Organization

# Index

### Α

accelerated hypertension 14
action plan 41
proforma for developing 84
action team 36
activity 19,44
adherence to treatment 30,50
age 16
aim of hypertension strategy 39
alcohol 19,43
'at-risk' groups 15

#### В

babies:

formula-fed 21 low-birthweight 21 barriers to healthy lifestyles 50 beliefs of patients 53,93 birthweight 21 Body Mass Index 17,21 budgets 57,58

# C

capacity 55
cardiovascular risk 12, 28, 81
care plans 53, 95
case-finding 39, 45
causes of hypertension 14
clinical guidelines 10, 13, 47
cold homes 20
communication 52, 57
compliance 50
concordance 52
control of hypertension 28, 29, 45
coronary risk prediction charts 81
cost-effectiveness 35
cost of hypertension 15

#### D

definition of hypertension 13 detection 28,45 diabetes 13,20 diastolic blood pressure 11 drug treatment for hypertension 29

### E

education 55
enabling environments 27, 44
environment 27, 44
essential hypertension 14
ethnicity 16
evaluation 58
Expert Patients Programme 54

# F

family history 17 formula-fed babies 21 fruit and vegetables 17,21,44 fuel poverty 20 funding 57,58

#### G

gender 16 gestational hypertension 14 GMS contract 34, 47, 91 guidelines for hypertension 10, 13, 47

#### н

health outcomes 35 high-risk approach 39 home blood pressure monitors 54 hypertension action plan 41 proforma for developing 84 hypertension action team 36

#### П

identifying patients with hypertension 45 information for patients 105 infrastructure 54 inputs 41 interventions 41,45 involvement of patients 54,97 isolated systolic hypertension 14 IT systems 55

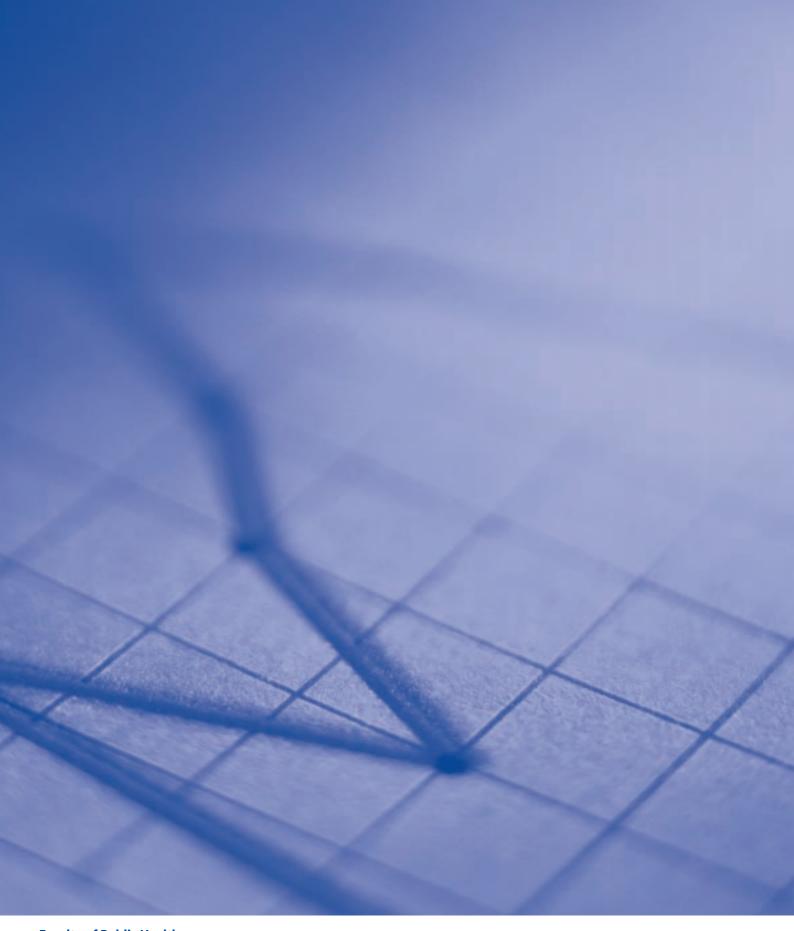
## K

kidney disease 12,14

#### L

lifestyle interventions 29,41,43 local hypertension action team 36

M	Q
mainstreaming 58	Quality and Outcomes Framework 34
malignant hypertension 14	Quality Management and Analysis System 35,47
management of hypertension 47	Quality Prevalence and Indicator Database 34
medicines	
for hypertension 29	R
patients' thoughts about 93	resting blood pressure 11
milestones 40	reviewing current activity <b>79</b>
modifiable risk factors 17	risk
monitoring	assessing cardiovascular risk 38, 81
blood pressure at home <b>54</b>	risk assessment <b>29</b>
of strategy/programme <b>58</b>	risk factors 15
<u> </u>	modifiable 17
N	trends 21
National Blood Pressure Testing Week <b>46</b>	unmodifiable <b>16</b>
nurses <b>49</b>	
	S
0	salt 17,43,87
obesity 17,43	screening <b>46</b>
objectives <b>40</b>	secondary hypertension 14
opportunistic case-finding <b>45</b>	self-management of blood pressure <b>50</b>
organisations 107	self-monitoring of blood pressure <b>54</b>
outputs 41	settings <b>42,77</b>
overweight 17	the 'silent killer' 3
	smoking <b>20</b>
P	socioeconomic status <b>20</b>
partnerships <b>35,73</b>	sodium <b>17,43,87</b>
patient-held records <b>53,95</b>	standards <b>40</b>
patients	strategy <b>33,63</b>
involvement of <b>54,97</b>	stress 20
thoughts about medicines <b>93</b>	stroke 12
performance assessment <b>58,99</b>	sustainability 58
physical activity <b>19,44</b>	systolic blood pressure 11
policy drivers	.,
local 34	Т
national <b>33,65,89</b>	target groups 37
population approach <b>39</b>	targets of hypertension strategy 40
potassium 17	'Three Es model for lifestyle change' 27
pregnancy 14	training 55
prescribing <b>57</b>	treatment
prevalence of hypertension 14	access to 30
estimating 34	adherence to <b>30</b>
ready-reckoner <b>71</b>	Type 1 diabetes <b>20</b>
prevention 25,41	Type 2 diabetes <b>20</b>
primary hypertension 14	types of hypertension 14
priorities 37	7 F-2 7 F-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3
psychosocial stressors <b>20</b>	W
public and patient involvement <b>54,97</b>	white-coat hypertension 14
	whole population approach 25



# **Faculty of Public Health**

4 St Andrews Place London NW1 4LB

**T** 020 7935 0243

**E** enquiries@fph.org.uk

**W** www.fph.org.uk



